

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FILE COPY

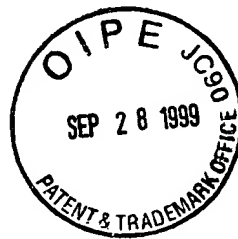
In re Patent Application of

MEKURIA

Serial No. 09/388,609

Filed: September 2, 1999

For: A Method and a System for Voice Dialling



Atty. Ref.: 2466-36

Group: 2741

Examiner: unknown

RECEIVED  
DEC 20 1999  
TECH CENTER 2700

\* \* \* \* \*

Honorable Assistant Commissioner of Patents  
Washington, DC 20231

Sir:

**REQUEST FOR CORRECTION OF FILING RECEIPT**

Enclosed is a copy of the Filing Receipt for the above-identified application which incorrectly states the inventor's residence as "RESIDENCE NOT PROVIDED". It should read "LUND, SWEDEN". The correction is shown in red on the attached copy of the filing receipt. Please note your records accordingly. Correction of same is respectfully requested.

Respectfully submitted,  
**NIXON & VANDERHYE P.C.**

September 28, 1999

By:

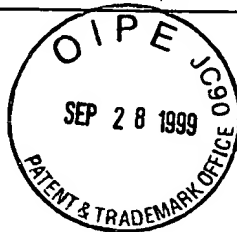
#33489  
H. Warren Burnam, Jr.  
Reg. No. 29,366

HWB:lsh  
1100 North Glebe Road, 8th Floor  
Arlington, VA 22201-4714  
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FILING RECEIPT

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/388,609	09/02/99	2741	\$0.00	2466-36	2	10	2

NIXON & VANDERHYE PC  
1100 N GLEBE RD 8TH FLOOR  
ARLINGTON VA 22201

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) LUND, SWEDEN  
FISSEHA MEKURIA, ~~RESIDENCE NOT PROVIDED.~~

FOREIGN APPLICATIONS- SWEDEN

9802990-3

09/04/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/21/99

TITLE

METHOD AND A SYSTEM FOR VOICE DIALLING

PRELIMINARY CLASS: 704

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FEC 20 1999  
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DATA ENTRY BY: COWAN, ANNETTE

TEAM: 01 DATE: 09/21/99

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(See reverse for new important information)

SERIAL NUMBER <p style="text-align: center;">09/388,609</p>	FILING DATE <p style="text-align: center;">09/02/99</p>	CLASS <p style="text-align: center;">704</p>	GROUP ART UNIT <p style="text-align: center;">2741</p>	ATTORNEY DOCKET NO. <p style="text-align: center;">2466-36</p>
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APPLICANT

FISSEHA MEKURIA, LUND, SWEDEN.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED  
None App

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED  
None App

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED                  SWEDEN                  9802990-3                  09/04/98  
None YES App

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SEX	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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Verified and Acknowledged Yes App  
Examiner's Initials                  Initials

ADDRESS

NIXON & VANDERHYE PC  
 1100 N GLEBE RD 8TH FLOOR  
 ARLINGTON VA 22201

TITLE

METHOD AND A SYSTEM FOR VOICE DIALLING

FILING FEE RECEIVED <p style="text-align: center;">\$890</p>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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